

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

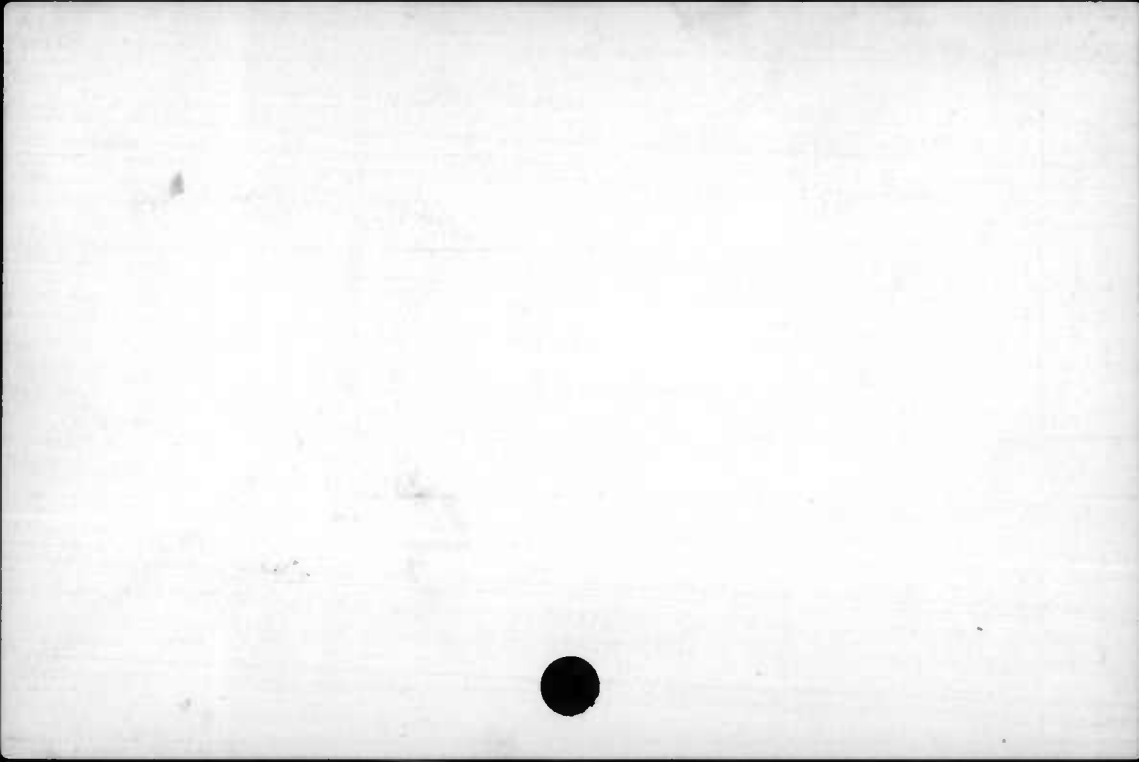
Name in Full <i>Hettie W. Adams</i>		Town <i>McAdams</i>		County <i>Talbot</i>		MARYLAND	
Died at <i>McAdams</i>		Date of death <i>1908 Feb. 16</i>		Age <i>19</i>		Months <i>6</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Same</i>		Days <i>12</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Same</i>		Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Carmel S. Adams</i>	
Father's Name <i>Irring Cooper</i>		Mother's Maiden Name <i>Milkey Green</i>		Father's Birthplace <i>Talbot Co</i>		Mother's Birthplace <i>Talbot Co</i>	
Name of person giving information <i>Milkey Pranner</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Consumption</i>	How long <i>1 week</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. J. B. Sub.</i>
	Address <i>St Michaels, Md.</i>
Accident or Suicide?	



Name

In Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

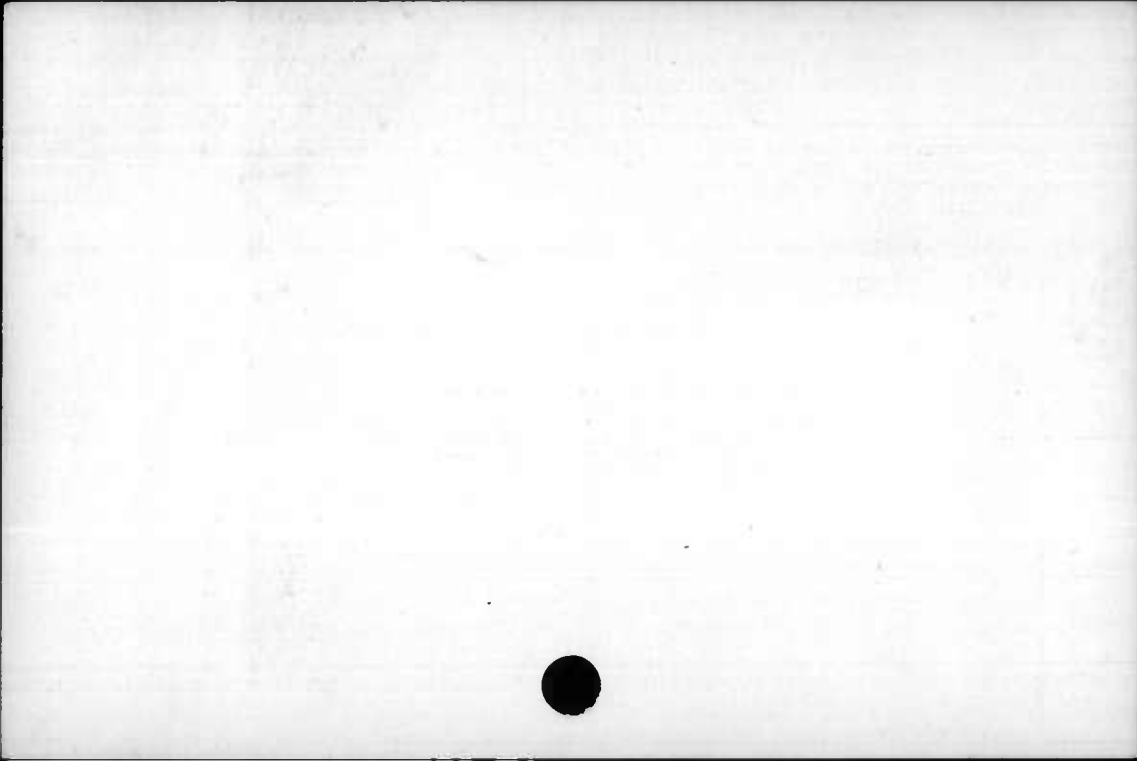
Died at <u>Town</u>			County <u>Talbot</u>			MARYLAND			
Date of death	1908	Month	2	Day	19	Years	Age	29	
Sex		Male		Color or Race		White		Birth-place	Queen Anne
Occupation				Where Residing if not at place of death					
Farmer									
Married, Single or Widowed			Name of Wife or Husband						
Single									
Father's Name			William Arrington			Father's Birthplace			Queen Anne
Mother's Maiden Name			Laura Hads			Mother's Birthplace			" "
Name of person giving information			Walter Arrington			How related to deceased			Brother

CAUSES OF DEATH

172

PHYSICIAN
OR CORONER

Primary	Browning	How long	Three min.
Immediate	Asphyxiation	How long	One min.
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		A. O'Connell	
Address		Eastbrook	
Accident - Catch 2			



Name
in
Full

Eliza E. Benson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Royal Oak* Town*Tulvot* County

MARYLAND

Date of death *1908* Month *Feb'y*Day *29*Age *69* Years

Months

Days

Sex *Female*Color or
Race*White-*Birth-
place*Tulvot Co Md*

Occupation

*Housewife*Where Residing if not
at place of death*✓*Married, Single
or Widowed*Married*Name of Wife or
Husband*E. J. Benson*Father's
Name*Sam'l Stewart*Father's
Birthplace*Oxford, Md*Mother's
Maiden Name*W V Kuorann*Mother's
Birthplace*Balto, Md*Name of person giving
In formation*E. J. Benson*How related
to deceased*Husband*

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary

Acute bronchitis

How long

6 days

Immediate

Heart failure

How long

*3 or 4 hrs*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*Sam'l C. Lipke*

Address

Royal Oak, Md

Accident or Suicide?



Name
in
Full

Richard M. Cheers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

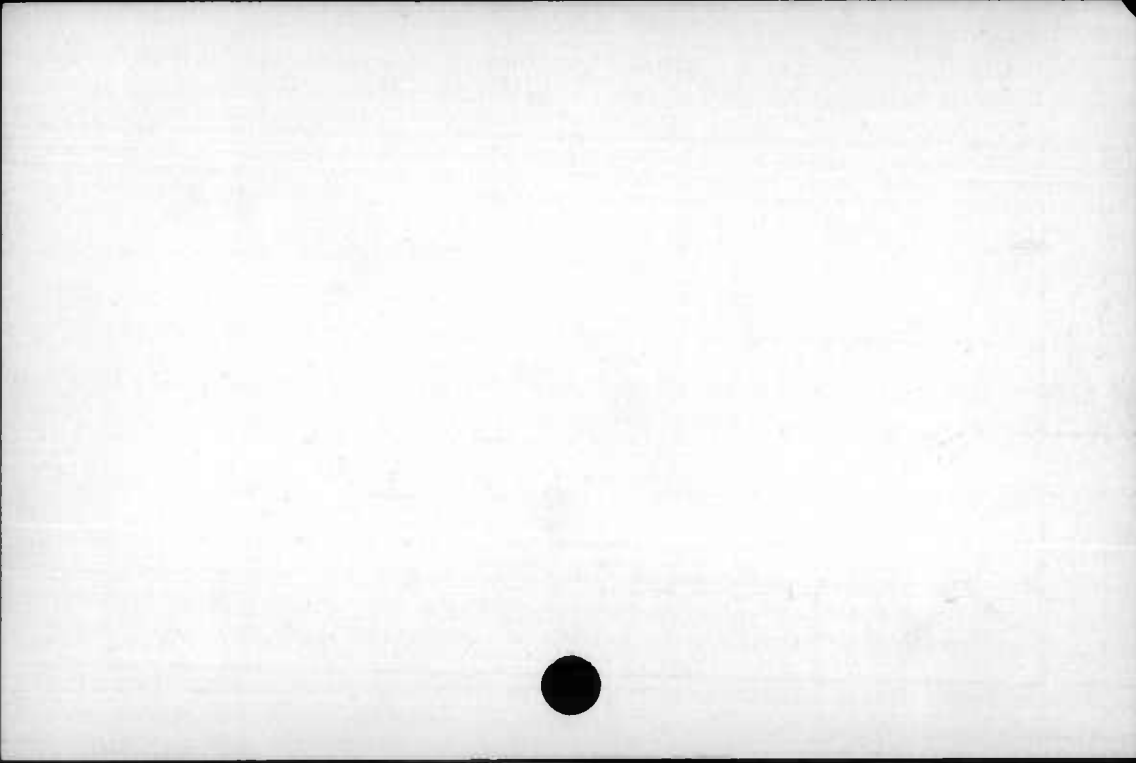
Died at ^{Town} <i>St Michaels</i> ^{County} <i>Talbot</i>		MARYLAND	
Date of death <i>1908 Feb. 28</i>	Age <i>82</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Talbot Co</i>	
Occupation <i>Sailor</i>	Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Unknown</i>		
Father's Name <i>Archibald Cheers</i>	Father's Birthplace <i>Talbot Co</i>		
Mother's Maiden Name <i>don't know</i>	Mother's Birthplace <i>Unknown</i>		
Name of person giving information <i>Henry Cheers</i>	How related to deceased <i>Adopted Son</i>		

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary <i>Influenza</i>	How long <i>About a week</i>
Immediate <i>Cardiac failure</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. H. Hopewell</i>
<i>No</i>	Address <i>St Michaels Md</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Roger. Elwood. Dickerson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

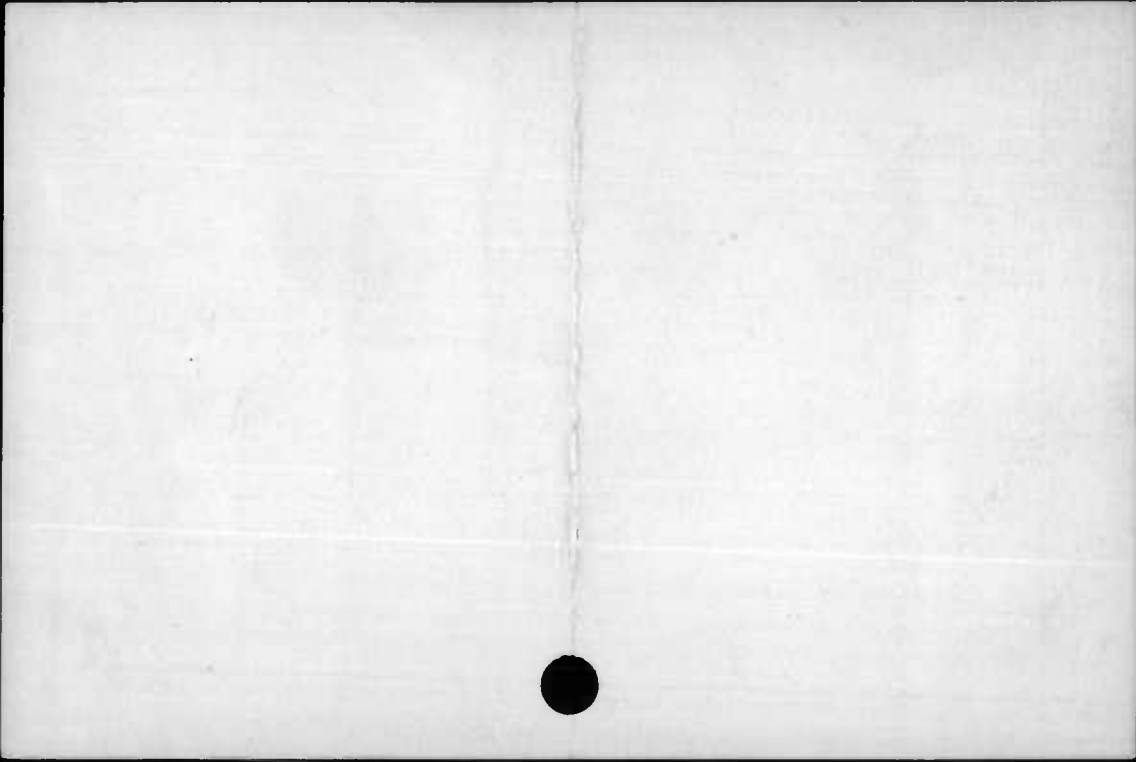
Died at <i>Cordova</i> Town		<i>Talbot</i> County		MARYLAND	
Date of death	<i>1908</i>	Month <i>Feb.</i>	Day <i>18</i>	Age <i>Years</i>	Months <i>Five</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Talbot-les</i>		
Occupation <i>Infant</i>		Where Residing if not at place of death <i>Cordova, Md</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Roger Dickerson</i>		Father's Birthplace <i>Caroline-les</i>			
Mother's Maiden Name <i>Lucinda Collins</i>		Mother's Birthplace <i>Talbot-les</i>			
Name of person giving information <i>Roger. Dickerson</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary <i>Influenza</i>	How long <i>3 days.</i>
Immediate <i>Pneumonia</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>C. M. Stille, M.D.</i>
	Address <i>Cordova Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} near St. Michaels^{County} TalbotDate
of death 1908

Month Feb

Day 19

Age

Years 77

Months 2

Days 19

Sex

Male

Color or
Race

White

Birth-
place

Germany

Occupation

Farm hand

Where Residing if not
at place of deathMarried, Single
or Widowed

Widowed

Name of Wife or
Husband

Emily L. Diehl

Father's
Name

Not known

Father's
Birthplace

Not known

Mother's
Maiden Name

- Not known

Mother's
Birthplace

Not known

Name of person giving
information

Charles H. Leonard

How related
to deceased

step son

CAUSES OF DEATH

66

Primary

Pneumonia

How long

3 years

Immediate

-

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

E. P. Shanks M.D.

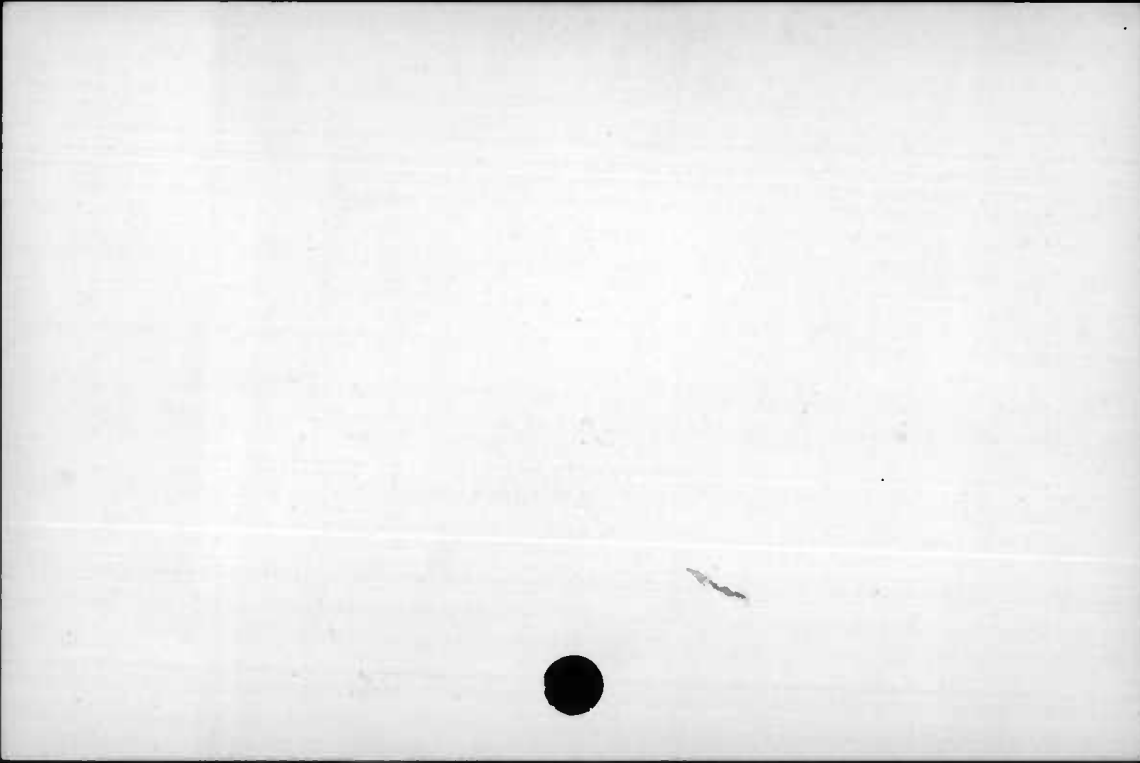
Address

St. Michaels

Accident or Suicide?

no

no doctor in attendance



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

James Fairbank

Date

of death 1908 Feb.

Month

Day

Age

Years

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Talbot Co

Occupation

Carpenter

Where Residing if not
at place of death~~Married~~
WidowedName of Wife or
Husband

Mary Fairbank

Father's
Name

John Fairbank

Father's
Birthplace

Talbot Co

Mother's
Maiden Name

Nancy Fairbank

Mother's
Birthplace

Talbot Co

Name of person giving
In formation

Mary V. Jarv

How related
to deceased

Daughter

CAUSES OF DEATH

64

Primary

Cerebral hemorrhage

How long

about one month

Immediate

Cardiac failure

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

J. H. Hope, M.D.

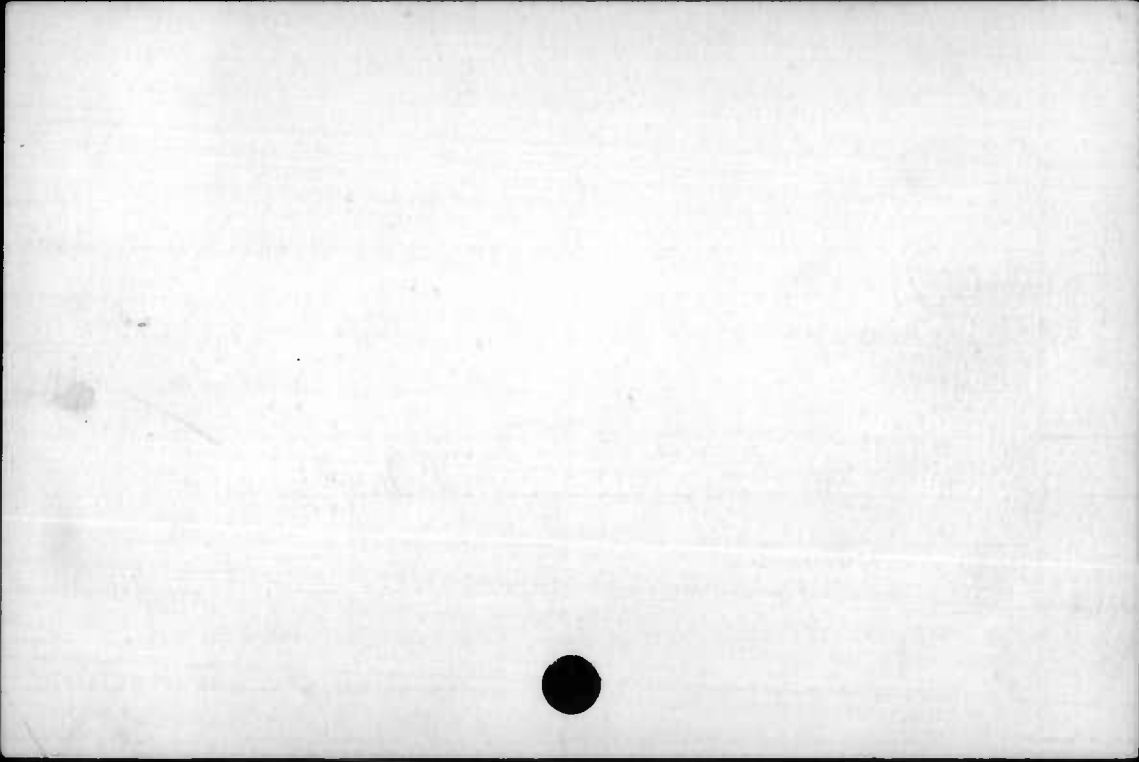
St. Michaels

Md.

Accident or Suicide?

No

PHYSICIAN
OR CORONER



Name
in
Full

Steel Ba Infant - Norman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

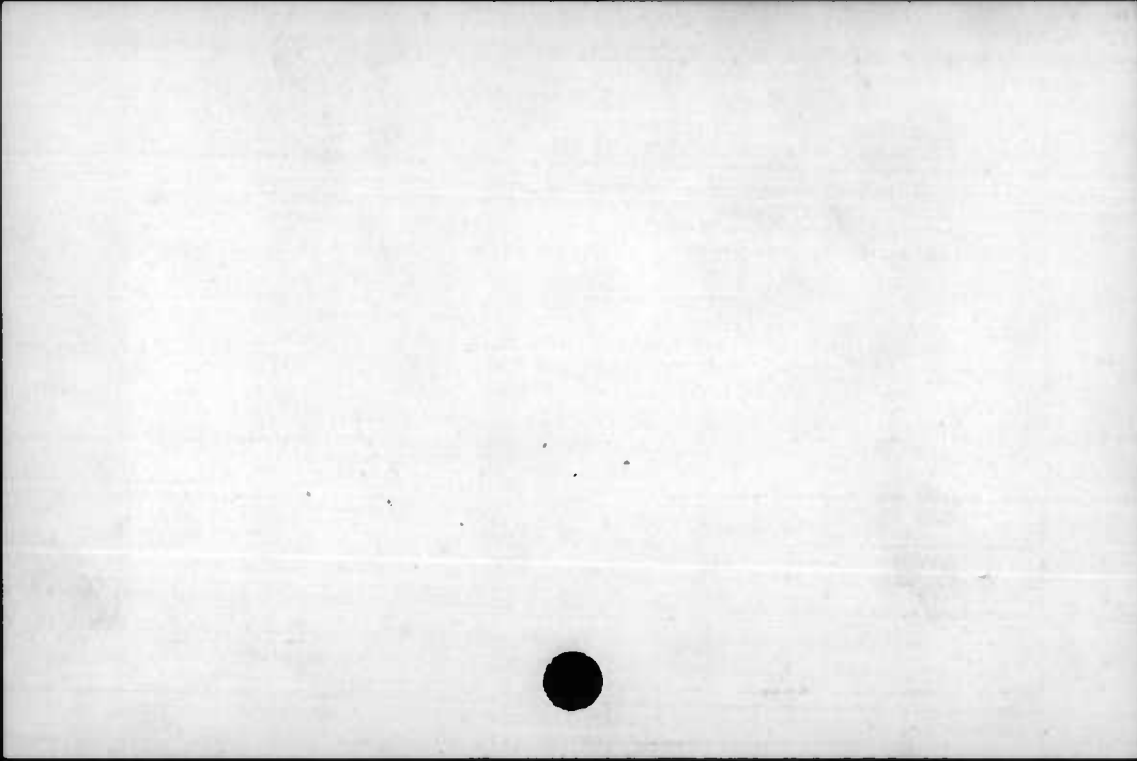
Died at		Town Earlton		County Talbot		MARYLAND	
Date of death		1908	Month Feb	Day 14	Age	Years	Months 1
Sex		Female		Color or Race		Black	
Occupation				Birth-place		Earlton	
Where Residing if not at place of death							
Married, Single or Widowed		X		Name of Wife or Husband		X	
Father's Name		Chas E Forman		Father's Birthplace		Earlton	
Mother's Maiden Name		Loun Johnson		Mother's Birthplace		Earlton	
Name of person giving information		Chas E Forman		How related to deceased		Father	

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	Premature birth	How long	dead born
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Henretta Butler	
		Address Earlton	
Accident or Suicide?		Midwife in attendance	



Name
in
Full

Lewis A. Holmes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

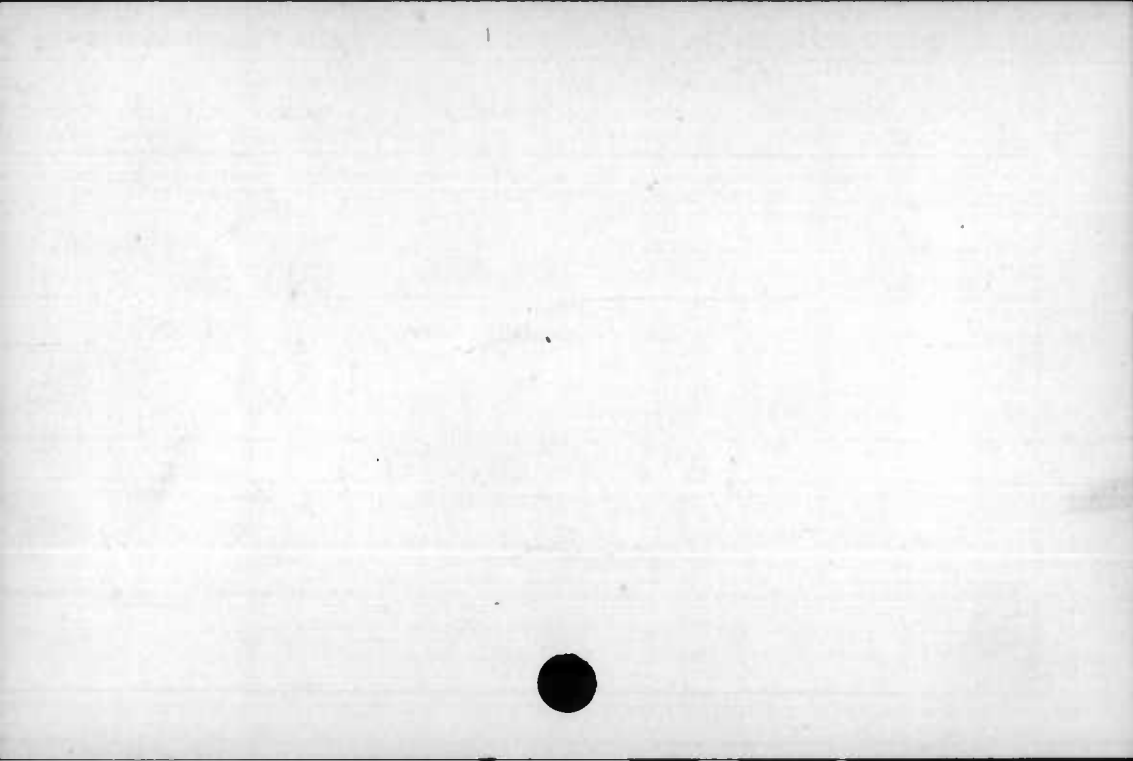
Died at <u>Easton</u> <small>Town</small>		<u>Talbot</u> <small>County</small>		MARYLAND	
Date of death	<u>1908</u> <small>Month</small>	<u>July</u> <small>Day</small>	<u>24</u> <small>Years</small>	<u>1</u> <small>Months</small>	<u>3</u> <small>Days</small>
Sex	<u>Male</u>		Color or Race	<u>Black</u>	
Occupation	<u>—</u>		Birth-place	<u>Easton</u>	
Where Residing if not at place of death			<u>—</u>		
Married, Single or Widowed <u>—</u>			Name of Wife or Husband <u>—</u>		
Father's Name <u>Edw. Holmes</u>			Father's Birthplace <u>Caroline Co</u>		
Mother's Maiden Name <u>Emma Adams</u>			Mother's Birthplace <u>" "</u>		
Name of person giving information <u>Edw. A. Holmes</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary	<u>Capillary Bronchitis</u>	How long	<u>8 1/2 hours.</u>
Immediate	<u>Heart Exhaustion</u>	How long	<u>2 hours.</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>Yes</u>		<u>Robt. H. Bayliss</u>	
		Address	
		<u>Easton, Md.</u>	
Accident or Suicide?			
<u>No.</u>			



Name
in
Full

Lucretia E. Jenkins.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

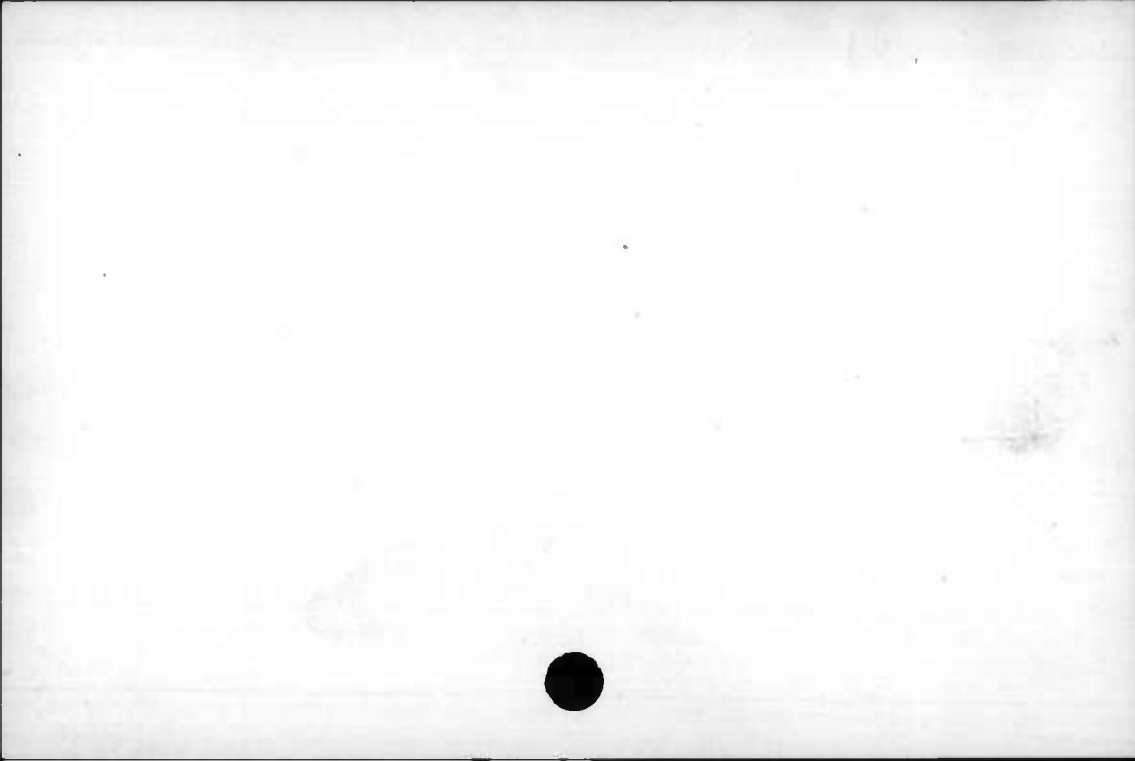
Died at <u>Trappe</u> <small>Town</small>		<u>Talbot</u> <small>County</small>		MARYLAND	
Date of death	<u>1908</u>	Month	<u>Feb.</u>	Day	<u>18th</u>
Age		<u>64</u>		Months	<u>✓</u>
Sex	<u>Female</u>	Color or Race	<u>white</u>	Birth-place	<u>Talbot Co.</u>
Occupation	<u>none</u>		Where Residing if not at place of death <u>✓</u>		
Married, Single or Widowed	<u>widow</u>	Name of Wife or Husband	<u>Thos. F. Jenkins</u>		
Father's Name	<u>John Neumann</u>		Father's Birthplace	<u>Talbot Co.</u>	
Mother's Maiden Name	<u>Julia Bowdler</u>		Mother's Birthplace	<u>Talbot Co.</u>	
Name of person giving information	<u>R. T. Mullikin</u>		How related to deceased	<u>friend</u>	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<u>Chronic Nephritis</u>	How long	<u>several years</u>
Immediate	<u>Exhaustion - coma</u>	How long	<u>several hours</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>Mrs. S. Seymour</u>
		Address	<u>Trappe Md.</u>
Accident or Suicide?	<u>no</u>		



Name
in
Full

Harriet Ann Marshall

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} St. Michaels^{County} CalbotDate
of death 1908Month
FebDay
11th

Age

Years
65Months
—Days
—

Sex Female

Color or
Race

White

Birth-
place

Calbot Co, Md

Occupation

House-wife

Where Residing if not
at place of death

—

Married, Single
or Widowed

Married

Name of Wife or
Husband

Nicholas James Marshall

Father's
Name

Wm Plummer

Father's
Birthplace

Calbot Co, Md

Mother's
Maiden Name

Mary Auld

Mother's
Birthplace

Calbot Co Md

Name of person giving
In formation

James. E. Plummer

How related
to deceased

Brother

CAUSES OF DEATH

79

Primary

Organic Heart Disease

How long

One year

Immediate

Heart Asthenia

How long

One month

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

A. B. Glascock

Address

St. Michaels Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Boston</i> ^{Town}		<i>Miller</i> ^{County}		<i>Talbot</i>	
Date of death <i>1908</i>	Month <i>2</i>	Day <i>25</i>	Years <i>—</i>	Months <i>—</i>	Days <i>1 day</i>
Sex <i>male</i>	Color or Race <i>Black</i>		Birth-place <i>Boston Md.</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Harace Miller</i>			Father's Birthplace <i>Boston, Md.</i>		
Mother's Maiden Name <i>Florence Handy</i>			Mother's Birthplace <i>Boston, Md.</i>		
Name of person giving information <i>Dr. R. R. Koch</i>			How related to deceased <i>Physician</i>		

CAUSES OF DEATH

152

PHYSICIAN
OR CORONER

Primary <i>Premature Rupture of Stators</i>	How long <i>2 days</i>
Immediate <i>Asphyxiation</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Robt H. Koch</i>
	Address <i>Boston, Md.</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

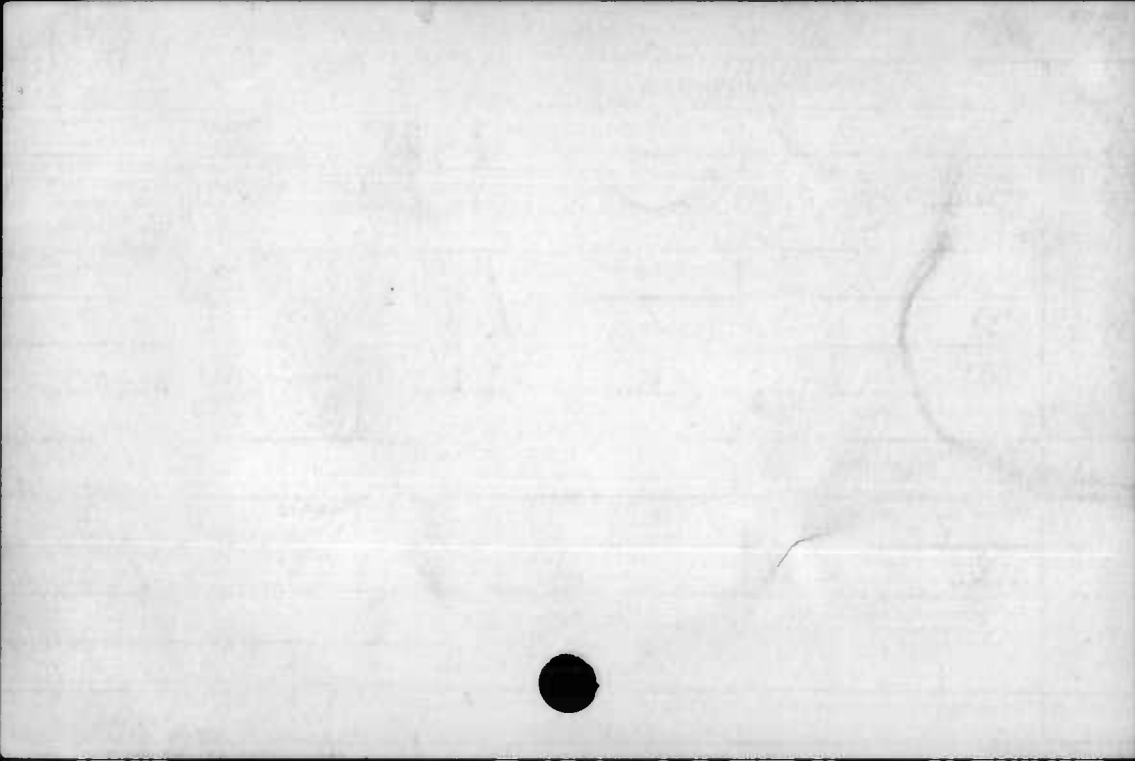
Died at <i>Hopkins. Meek</i>		Town <i>Talbot</i>		County	
Date of death <i>1908</i>		Month <i>Feb.</i>	Day <i>6. M</i>	Years <i>32.</i>	Age
Sex <i>Male</i>		Color or Race <i>Negro.</i>		Birth-place <i>Talbot Co.</i>	
Occupation <i>Laborer.</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Jos. Moore</i>		Father's Birthplace <i>Talbot Co Md.</i>			
Mother's Maiden Name <i>Annin Tilghman</i>		Mother's Birthplace <i>Talbot Co Md.</i>			
Name of person giving information <i>Jos. Moore Jr.</i>		How related to deceased <i>Brother</i>			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>2 yrs</i>
Immediate <i>Heart failure</i>	How long <i>3 or 4 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Saml C. Ingh</i>
	Address <i>Royal Oak Md</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

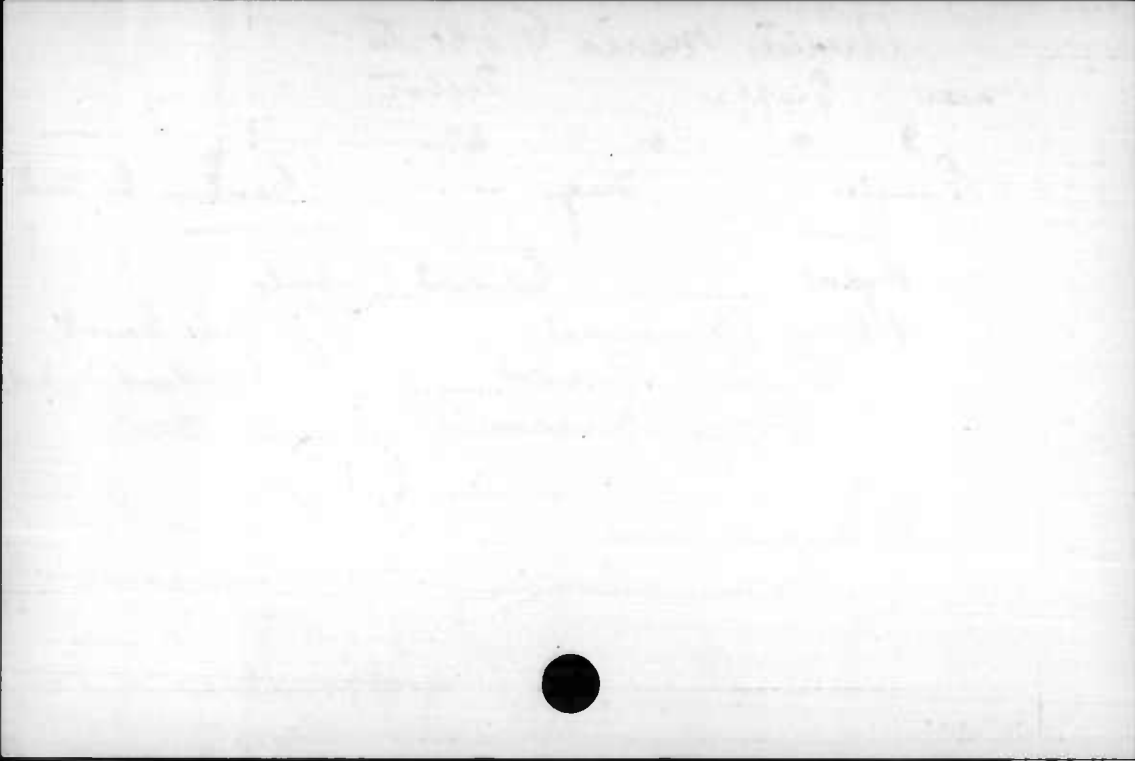
Name in Full <i>Gertrude Powell</i>		Town		County <i>Talbot Co</i>		MARYLAND	
Died at		Date of death <i>1908 Feb 4th</i>		Age		Months <i>3</i> Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Talbot Co</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Sam Powell</i>		Father's Birthplace <i>Talbot Co</i>					
Mother's Maiden Name <i>Julia Taylor</i>		Mother's Birthplace <i>Talbot Co</i>					
Name of person giving information <i>Sam Powell</i>		How related to deceased <i>father</i>					

CAUSES OF DEATH

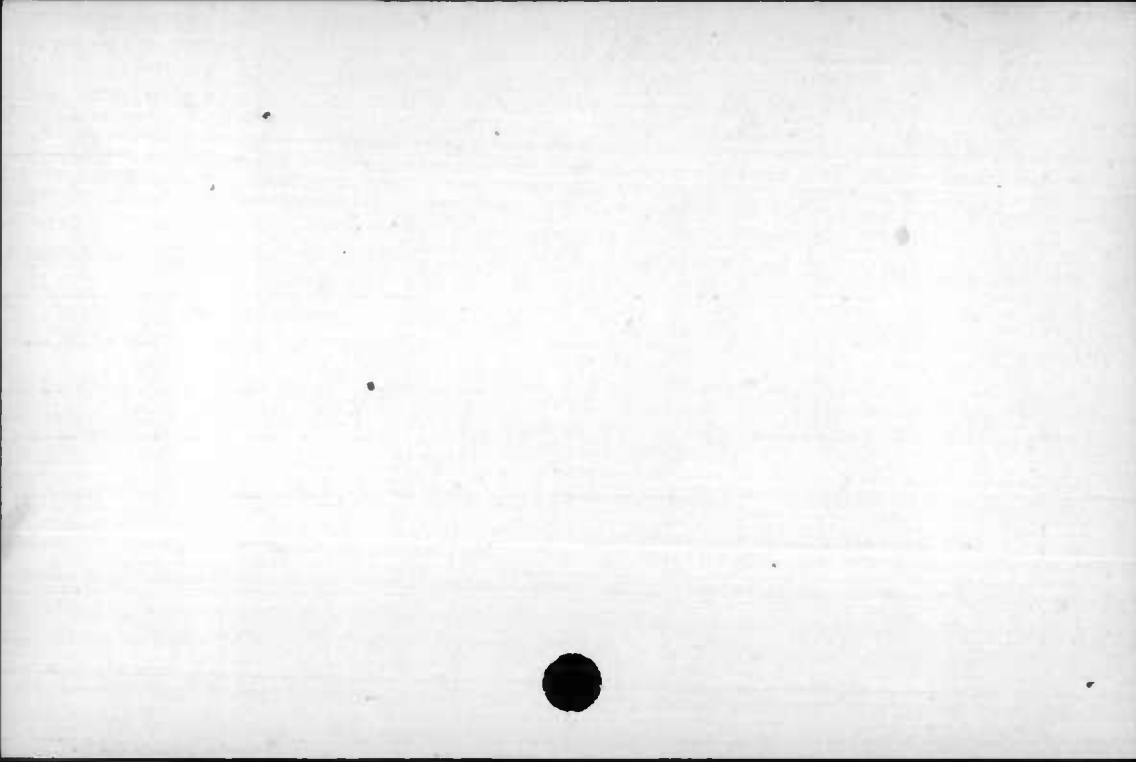
93

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>Two Weeks</i>
Immediate <i>Cardiac Asthenia</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>P. L. Travers</i>
	Address <i>Coston Ind</i>
Accident or Suicide? <i>—</i>	



Name in Full		Annie Maria Roberts				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died near		Town		County	
		near		Grapple		Talbot	
		Date of death		Month		Day	
		1908		2		2	
		Age		Years		Months	
		63-		6		Days	
		Sex		Female		Color or Race	
Occupation		Home		Where Residing if not at place of death		Caroline Co, Md	
Married, Single or Widowed		Married		Name of Wife or Husband		Edward Roberts	
Father's Name		Henry Brummel		Father's Birthplace		Ohio Kent	
Mother's Maiden Name		Rachel Brown		Mother's Birthplace		Caroline Co, Md	
Name of person giving information		George Brummel		How related to deceased		Son	
		CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary		Rheumatism		How long	
		3 weeks -					
		Immediate		Heart Failure		How long	
		12 hours -					
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	
				Address		Grapple Talbot Co, Md	
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

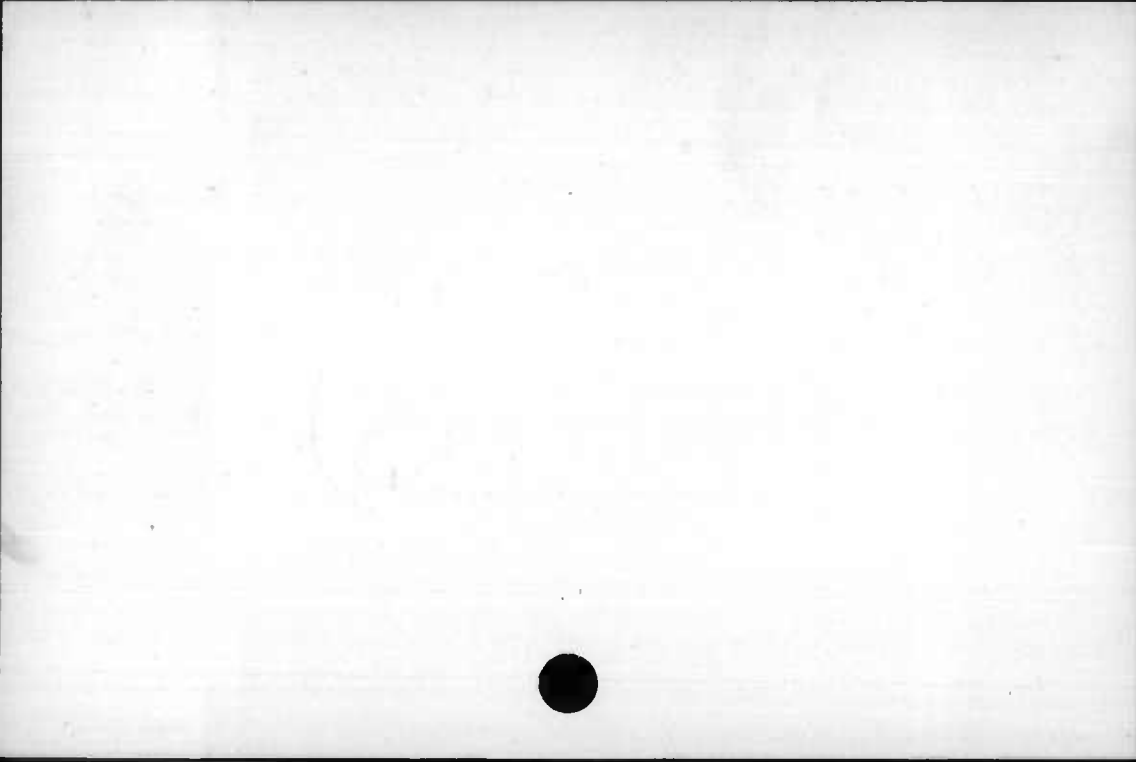
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Easton</u> Town		<u>Talbot</u> County		MARYLAND	
Date of death	1908	Month	Feb	Day	13th
Age		Years		Months	Days
Sex	Male	Color or Race	White	Birth-place	Talbot Co
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Cerebral Paresis</u>	How long	<u>Several hours</u>
Immediate	<u>Cessation Circulation</u>	How long	<u>Several hours</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		<u>P. L. Travis</u>	
		Address	
		<u>Easton Md.</u>	
Accident or Suicide?			



Name
in
Full

Claudie Sperry

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} St. Michaels^{County} TalbotDate
of death 1908

Month

Feb

Day

8th

Age

Years

32

Months

Days

Sex Female

Color or
Race

white

Birth-
place

St. Michaels Md

Occupation

Companion

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Jas. H. Sperry

Father's
Birthplace

Talbot Co. Md

Mother's
Maiden Name

Sarah V. Parrott

Mother's
Birthplace

Talbot Co. Md

Name of person giving
In formation

Jas. H. Sperry

How related
to deceased

Father

CAUSES OF DEATH

27

Primary

Pulmonary Tuberculosis

How long

One year

Immediate

Heart Asthenia

How long

one month

Are the name, age, sex, color, date
and place correctly given above?

yes

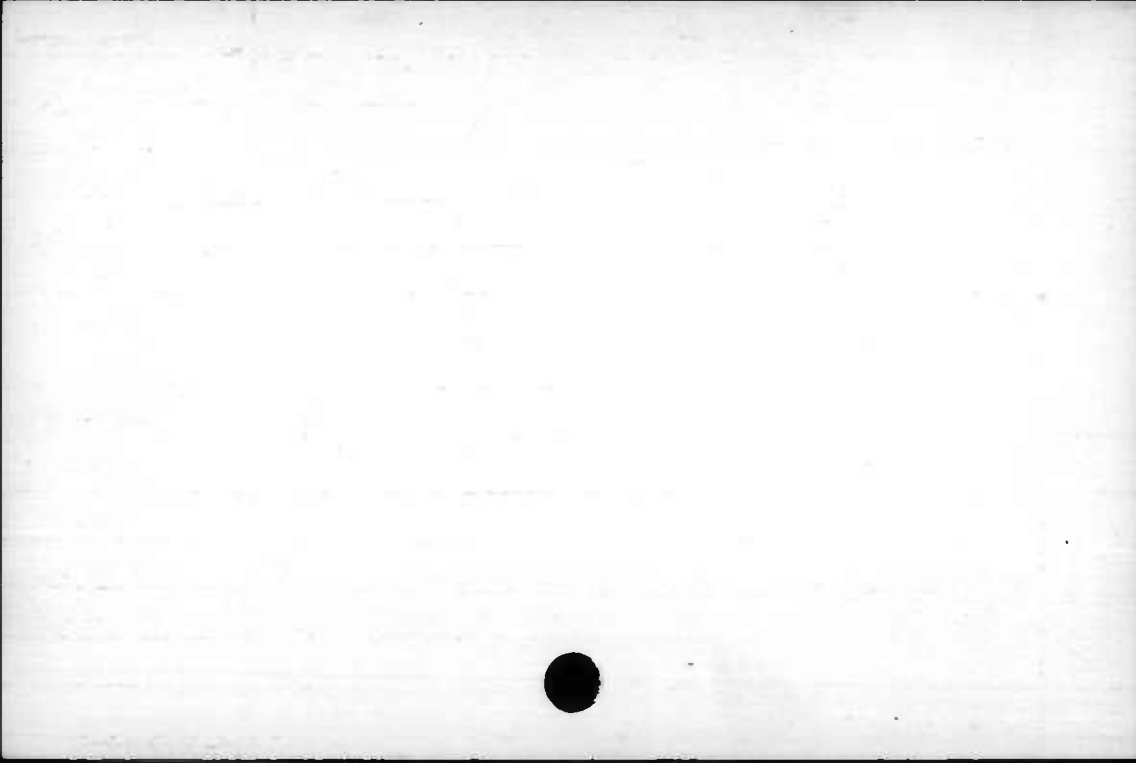
Signature of
Physician

A. B. Glascock

Address

St. Michaels Md

Accident or Suicide?



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Eva. Stewart

CERTIFICATE OF DEATH

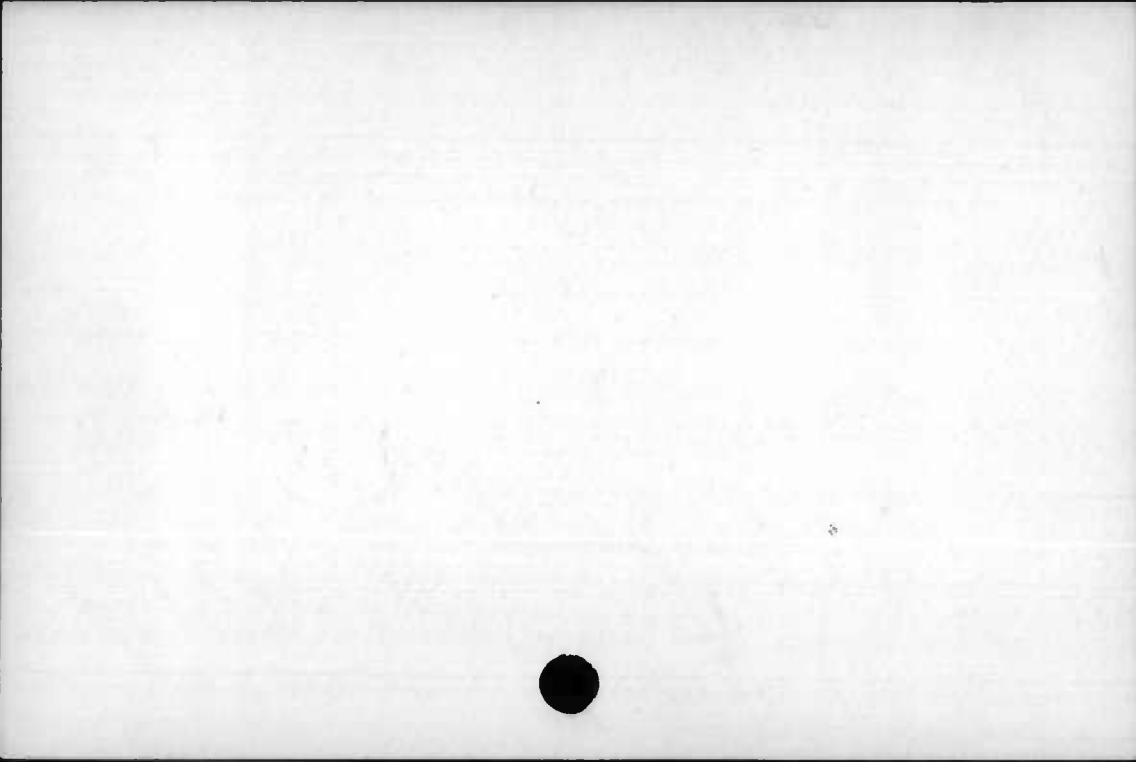
MARYLAND

Died at		Town <i>Offord</i>		County <i>Talbot</i>			
Date of death	1908	Month <i>Feb.</i>	Day <i>21</i>	Age <i>1</i>	Years <i>1</i>	Months <i>1</i>	Days <i>0</i>
Sex <i>Female</i>	Color or Race <i>be. cloven</i>		Birth- place <i>Offord Md</i>				
Occupation _____				Where Residing if not at place of death _____			
Married, Single or Widowed _____		Name of Wife or Husband _____					
Father's Name <i>Samuel Hayman</i>				Father's Birthplace <i>Talbot co</i>			
Mother's Maiden Name <i>Emina Stewart</i>				Mother's Birthplace <i>Offord</i>			
Name of person giving In formation <i>Edmund Green</i>				How related to deceased <i>Grandfather</i>			

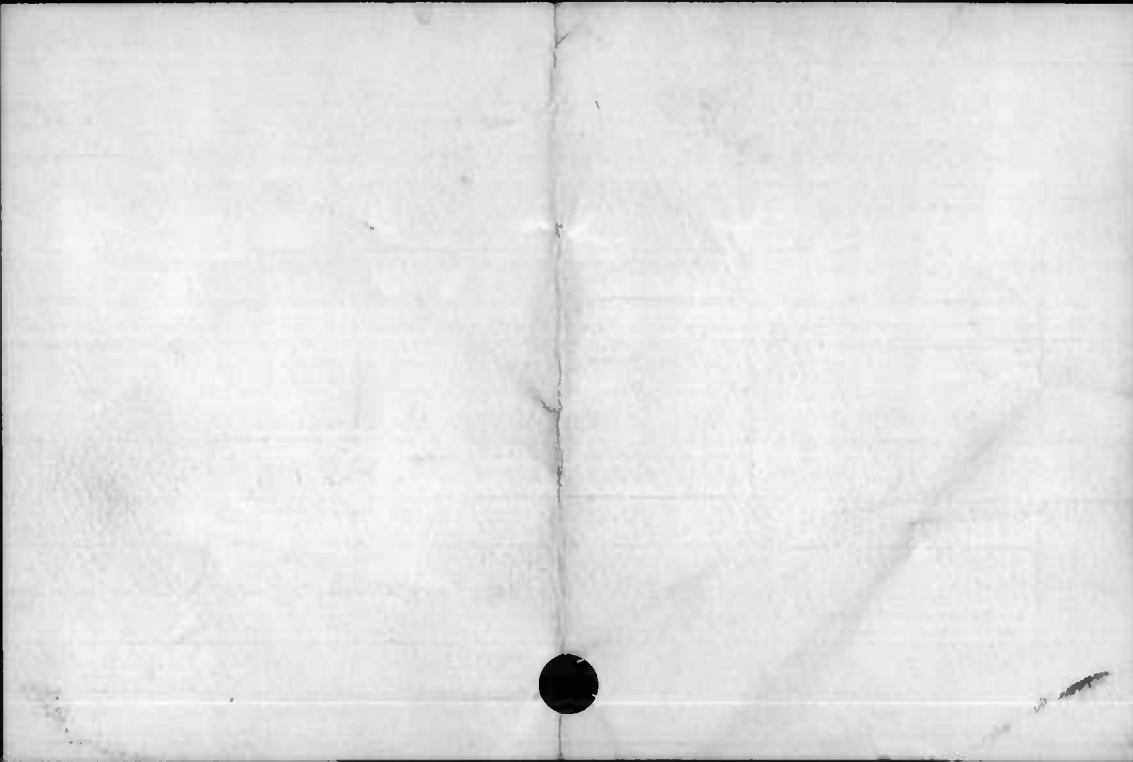
CAUSES OF DEATH

93

Primary	<i>Pneumonia</i>	How long <i>2 months</i>
Immediate	<i>Thyroid Pharynx</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?		
<i>Yes</i>		
Signature of Physician <i>J. M. Coe</i>		Address <i>Offord Md</i>
Accident or Suicide?		



Name in Full		H. I. Thomas				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Easton Town		Tart- County		MARYLAND	
	Date of death		1908	Feb	18	Age		19
	Sex		Male		Color or Race		Black	
	Occupation		Labor		Birth- place		Tart-	
	Married, Single or Widowed		Name of Wife or Husband		Where Residing if not at place of death		Easton	
	Father's Name		John Thomas		Father's Birthplace		Tart-	
	Mother's Maiden Name		Leahman		Mother's Birthplace		Leahman	
	Name of person giving information		John L. May		How related to deceased		friend	
CAUSES OF DEATH							29	
PHYSICIAN OR CORONER	Primary		Heart tuberculosis & induration			How long		2 yrs.
	Immediate		Heart exhaustion			How long		24 hrs.
	Are the name, age, sex, color, date and place correctly given above?		yes			Signature of Physician		Robt. Mayboth
						Address		Easton, Md.
	Accident or Suicide?		no					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

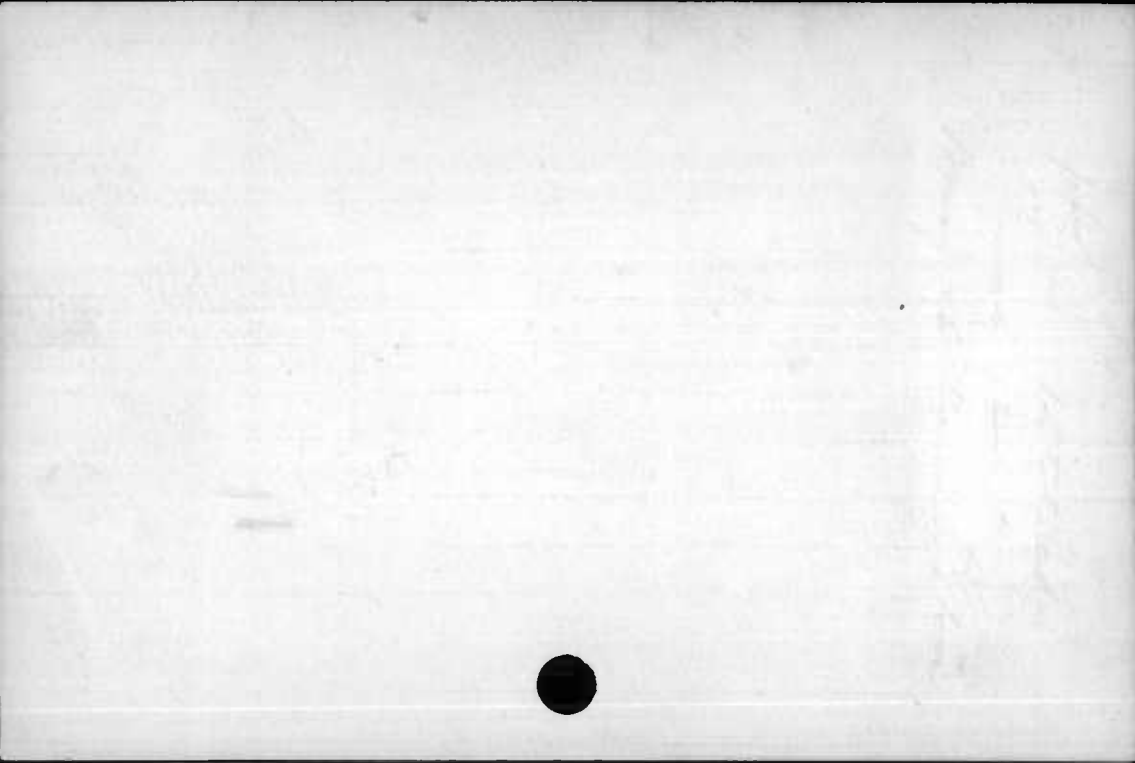
Died at <i>near Boston</i>		County <i>Talbot</i>		MARYLAND			
Date of death <i>1908 Feb</i>		Month <i>Feb</i>	Day <i>19</i>	Age <i>1</i>	Years <i>6</i>	Months <i>6</i>	Days <i>1</i>
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>Talbot Co</i>					
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>James E. Tilghman</i>		Father's Birthplace <i>Talbot Co</i>					
Mother's Maiden Name <i>Maidie Wacker</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>James E. Tilghman</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

(110)

PHYSICIAN
OR CORONER

Primary <i>Lungs</i>	How long <i>3 weeks</i>
Immediate <i>Congestion of Lungs</i>	How long <i>2 1/2 hrs</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. B. Merrill</i>
	Address <i>Boston</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

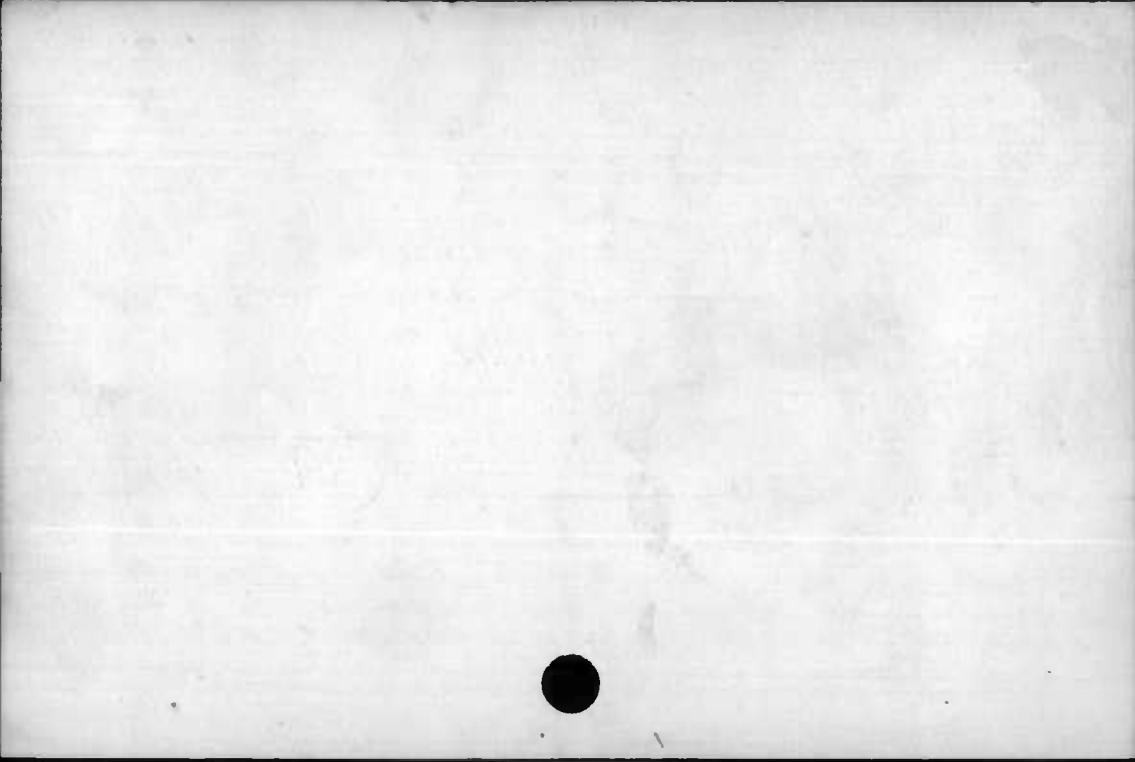
Died at <i>Middle town</i> <small>Town</small>		<i>Labor</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i>	<i>Feb</i> <small>Month</small>	<i>13</i> <small>Day</small>	<i>25</i> <small>Years</small>	<i>1</i> <small>Months</small>	<i>26</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Ind</i>			
Occupation <i>Cooking</i>	Where Residing if not at place of death <i>in Baltimore</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>X</i>				
Father's Name <i>James Finney</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Mary Thomas</i>	Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>James Finney</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis (Pulmonary)</i>	How long <i>2 Years</i>
Immediate <i>Exhaustion</i>	How long <i>a few weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>No physician attending</i>
Had been attended in Baltimore <i>Yes</i>	Address <i>E. R. Triple (Baltimore)</i>
Came home 2 months ago	<i>Exhausted Ind</i>
Accident or Suicide? <i>by advice of her physician</i>	



Name In Full

Certificate of Death

Lewis Young

Town

Troppe

County

Tallapoosa

MARYLAND

Died at

Date 189	Month	Day	Y.	M.	D.	Native of	Occupation
1908	Feb	1	Age	44	Years	Troppe	Farmer
Male	Yes	White	Married	Yes	Widow	Divorced	
Female		Colored	Single		Widower	Number of children living	Five.

Husband of

Francis Young

Wife

Robert Young

Mother's

Name

Ann Maria Young

Cause of

Primary Tuberculosis

27

How long sick

Death

Immediate Same

Accident, Suicide, Homicide

Reported by

J. H. Mullikin

Address

Troppe OH And

(over)

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70008

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Father's birthplace - Trappe, Ind.

Mother's birthplace - Trappe, Ind.